## TOWN OF GEORGETOWN

## MUNICIPAL LIGHT DEPARTMENT

94 SEARLE STREET ♦ GEORGETOWN, MA 01833 ♦ PH 978-352-5730 ♦ FAX 978-352-5733

NAME:				
SERVICE ADDRESS:		MAIL ADDRESS:		
TELEPHONE NO:		CELL NO:		
FORMER ADDRESS:		CITY/TOWN	STATE:	
	-		getown, MA and agrees to be bound by the at the Electric Department's published rate	
2. The undersigned agrees to	pay all bills withir	1 30 days from date of bill.		
<b>U</b> 1	3. A minimum charge per meter, per month will be made depending upon class of service.			
	-		ished under this agreement until the	
			te and has had time to remove the meter.	
	•	•	Electric Department's property located upon	
-	•	e Electric Department's negl		
		reversal is without willful de	electricity, or for interruption or reversal	
***	•		nises at all times for the purpose of	
inspecting and keeping in r	repair or removing	any or all of its apparatus in	n connection with the supply of electricity, y, to permit said Electric Department to	
-	ns of this agreemen	nt will commence on the day	the consumer is connected to the Electric	
Department's service for the	ne purpose of takin	ng electricity hereunder, and	will inure to, and be binding upon the case may be) of the original parties hereto.	
9. The consumer agrees, upor	n demand of the El	lectric Department, to depos	it with it, as collateral security for the led by the Electric Department.	
*	•		nive any of its conditions, or bind the	
		not contained in this agreer		
consumer has violated this	agreement. The		NY TIME without notice whenever the erves the right to shut off the supply of	
electricity for repairs or wa	ant of supply.			
APPLICANT'S SIGNATURE	,			
CLASS OF SERVICE A:	B: C	C: D: N	EW: OLD:	

DATE\_\_\_\_